

**COLLEGE OF LAKE COUNTY
ASSOCIATE DEGREE PROGRAM IN NURSING
VIRTUAL NURSING INFORMATION SESSION**

This form is to be completed **after** you attend a session

By signing this form, I verify I attended the virtual nursing information session on

Date: _____

Time: _____

Nursing information session code: _____

(this code will be given during the information session, it is **NOT** the Zoom meeting ID)

Phone: _____

Email: _____

Name: _____

Printed

Name: _____

Signature

CLC Student ID number: _____

**Please email the completed form to:

nuoffice@clcollinois.edu

This completed form documents your participation in the virtual information session that is part of the screening requirements for the nursing program. You will receive a code at the end of the information session to use for the completion of this form.